



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



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304.02 - Attachment 2

## PATIENT REQUEST FOR TRANSPORTATION

Los Angeles County  
Department of Mental Health  
550 South Vermont Avenue  
Los Angeles, CA 90020

Attention: Patient Transportation Coordinator

Re: \_\_\_\_\_  
Patient Name (Print)

I am requesting transportation to my home state of residence

\_\_\_\_\_  
City and State

- a. I understand that is a voluntary plan (or plan of Conservatorship Court).
- b. I understand that I will be taken to a designated Mental Health facility for evaluation and possible follow-up care upon arrival at destination.
- c. I understand that family members may be involved in the plan for living arrangements and follow-up care.
- d. I understand that this is a one-time only service.

I have been informed and involved in the plans for my transportation.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Discharge Social Worker